



# DODAAC REALIGNMENT REQUEST FORM GCSS-ARMY



<b>DATE</b>						
<b>REQUESTER INFORMATION</b>						
<b>LAST NAME</b>				<b>FIRST NAME</b>		
<b>RANK/TITLE</b>			<b>EMAIL ADDRESS</b>			
<b>PHONE NUMBER</b>				<b>WORK</b>	<b>CELL</b>	
<b>UNIT NAME</b>						
<b>UIC</b>			<b>DODAAC</b>			<b>SUPPORTING RIC</b>
<b>REALIGNMENT DATA</b>						
<b>CHANGE FROM</b>						
<b>CHANGE TO</b>						
<b>REASON FOR REALIGNMENT REQUEST</b>						
<b>FINANCIAL INFORMATION (REQUIRED ONLY IF FINANCIAL INFORMATION IS BEING AFFECTED BY REALIGNMENT)</b>						
<b>CFC</b>						
<b>COST CENTER</b>						
<b>FUND</b>						
<b>FUND CENTER</b>						
<b>FUNCTIONAL AREA</b>						
<b>REQUIRED SIGNATURES</b>						
<b>REQUESTER</b>						
<b>ACCOUNTABLE OFFICER</b>						
<b>RESOURCE MANAGER (Required only if Financial Information is being effected)</b>						
<b>DODAAC COORDINATOR</b>						
<b>U.S. ARMY RESERVE REPRESENTATIVE</b>						